

Case for Diagnosis.

By ALFRED EDDOWES, M.D.

THIS patient first noticed a rash about his waist, causing some irritation, four days before landing in this country from a South American boat. The ship's doctor ordered a sulphur bath, but the eruption spread. After landing he consulted another medical man, who diagnosed scabies, and treated it for a fortnight. Patient then consulted me. I thought that scabies had existed, but as there were present several lesions so closely resembling specific roseola, together with enlarged glands, headache and throat catarrh, I sent him on for the opinion of an authority on that condition. This gentleman found a negative Wassermann, and, after careful examination and consideration, formed the opinion that the condition was entirely due to scabies. By this time the eruption had reached the face, and I was quite convinced that scabies did not account for all the lesions. Those on the face were first nodular and red. Those on the hands were wart-like, and in the centres of some of them could be seen firmly adherent, almost transparent, small shot-like bodies—apparently composed of very compact, horny cells. By this time many of the lesions had disappeared, but some left pigmentation and even scars. One lesion under the eye and another between the fingers have ulcerated this week. Under the microscope scrapings showed a number of brush-like epithelial plugs, a few rather thick mycelial elements and a few perfectly round and rather large "spores."

DISCUSSION.

The PRESIDENT: I should have thought this was definitely syphilitic. I would take a large sample of blood, and submit part of it to two or three Wassermann experts, and, I think, the Wassermann reaction will be found to be positive.

Dr. A. M. H. GRAY: There are one or two features about the case which would certainly make one investigate it from the point of view of secondary syphilis, particularly the history and the glandular enlargement. But the eruption at the present moment does not seem to be quite typical of that condition. The lesions are most marked on the extremities, chiefly hands and forearms, and on the face. They are small papules, and are undergoing deep central necrosis, leaving distinctly pitted scars. In the necrotic forms of secondary syphilis the eruption is usually generalized and not localized as in this case, and the patient is much more ill. To my mind the skin lesions are more like a tuberculide than a syphilide.